Orchard Care Homes.Com (4) Limited

Chorley Lodge

Inspection report

Botany Brow
Chorley
Lancashire
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Tel: 01257268139

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20 September 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Chorley Lodge on 19 and 20 September 2018.

Chorley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 66 people. At the time of the visit there were 54 people who lived at the home.

Following our last inspection the registered provider Orchard Care Homes.com (4), was placed into administration. The administrator appointed another company to oversee the day to day running of the home. A new provider was in the process of applying to be registered with the CQC. The registered manager had left the service following our last inspection and a new manager had been appointed and was applying to register with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last focused inspection on 07 March 2018, we found five breaches of the regulations. This was because there were shortfalls to the safe management of people's medicines. In addition, risks associated with receiving care including, nutrition and hydration had not been adequately managed and staff had not been adequately supported with supervision and ongoing training. The governance and quality assurance systems were not effective in identifying shortfalls to generate improvements to the quality of the service. These were breaches of regulation 12, 14, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection of March 2018, we took enforcement action to impose conditions on the providers' registration. We met with the provider to discuss what actions they intended to take to improve the quality of the care and addressed the shortfalls. We asked them to take immediate action to address the shortfalls and regularly submit evidence of their actions to CQC. We took enforcement action by adding conditions to the providers' registration. The provider was also asked by the local authority's contracts monitoring team to complete an action plan under their quality performance and improvement planning process.

During this inspection, we reviewed actions the provider told us they had taken to gain compliance against the breaches in regulations identified at the previous inspection in March 2018. We also looked to see if improvements had been made in respect of the breaches. We saw that significant work had taken place since our last inspection to improve the safety, effectiveness and quality of the service.

However, we found three breaches of the regulations of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. These were in relation to the management of risks to receiving care, good

governance and failure to meet the conditions of their registration. We also made a recommendation in respect of mental capacity assessments. We also found that the work to improve the service was still in its early stages. Further improvements were required to ensure a consistent delivery of safe care and treatment that could be evidenced in the longer term. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals are concluded.

People who lived at the home told us that they felt safe in the home and that there was sufficient staff available to help them when they needed this. People and their visitors spoke highly of the care staff. They told us there had been improvements to the quality of care provided and that they were happy with the care and treatment.

Improvements had been made to the management of risks including risks associated with nutrition and hydration, medicines management and people experiencing frequent falls. Staff had closely monitored people to ensure they were having enough to eat and drink. However, we found shortfalls to the systems for reviewing risks levels and ensuring lessons learnt were shared in the service. Actions had been taken when people had experienced injuries however, accident and incident records had not always been overseen by the manager to check whether staff had taken appropriate action to support people. Some risk assessments we reviewed were generic and not specific to each person.

Management and governance systems in the home had improved however, this was at an early stage since the home had been placed in administration since May 2018. Further improvements were required to ensure that the new policies and procedures were fully established and embedded within the staff team and the governance systems in the home. The service had a new manager who had been in post for approximately three months. We noted an improvement in the systems designed to assess, monitor and improve the service. A significant number of audits and quality assurance processes were in place; they were supported by an action plan. However, the manager had not always followed up on delegated tasks to ensure they were completed to the standards required and within set time scales. We found a number of shortfalls which could have been picked up by robust audit systems. In addition, the provider had not effectively complied with the conditions set by CQC at the last inspection. The shortfalls we found indicated the quality assurance and auditing processes had not always been effective, as matters needing attention had not always been identified and/or addressed in a timely manner.

Records showed that staff had been recruited safely and the staff we spoke with understood how to protect people from abuse or the risk of abuse.

There had been improvements to staff training arrangements. Staff had received induction and appropriate training. People and their relatives felt that staff had adequate knowledge and skills to meet their needs effectively. Further improvements were required to ensure staff received regular supervision in line with the organisation's policy.

We observed people being supported in a sensitive and caring manner. People told us the staff who supported them were caring and respected their right to privacy and dignity. People told us staff encouraged them to be as independent as they could be.

There had been some improvements to the support people received with their nutrition and hydration. Actions had been taken to monitor people's intake and to seek support where required. Improvements were still required to ensure the practices for monitoring and recording were consistent throughout the staff

team. Referrals were made to community healthcare professionals where required to ensure that people received appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. The service had taken appropriate action in line with the Mental Capacity Act 2005. However, further improvements were required to ensure capacity assessments were decision specific and best interest decisions were recorded. We made a recommendation about decision making and seeking consent.

People told us they received care that reflected their individual needs and preferences. Staff told us they knew people well and gave examples of people who required extra monitoring and their preferred routines. However, evidence we found showed people and their relatives were not always involved in the writing and reviewing of their care plans. This would ensure a person-centred approach to care planning.

We received mixed feedback regarding the caring approach of the staff from two relatives. However, the majority of the feedback we received in relation to the caring nature of staff was positive.

People were supported to take part in activities and events. They told us they were happy with the activities that were available at the home. We found the service had a policy on how people could raise complaints about care and treatment and improvements were required to demonstrate how complaints had been received and concluded.

Staff communicated effectively with people. They supported people sensitively and spoke to them at their level when providing care. People's communication needs were identified, and appropriate support was provided.

The manager had sought feedback from people and their relatives about the support they received and shared with them improvement plans in the home.

People living at the service and staff told us they had noticed improvements in the management of the service and were happy with the leadership. They told us the new manager was approachable and supportive.

The manager had engaged with other health and social care stakeholders such as the local authority, Clinical Commissioning Groups and local health care professionals to improve the quality of care provided to people.

There was a business contingency plan to demonstrate how the provider had planned for unplanned eventualities which may have an impact on the delivery of regulated activities. The equipment and premises had been maintained and further renovations were in progress.

The provider had sent notifications to CQC for notifiable incidents, such as allegations and incidents of abuse and significant events that affected the smooth delivery of services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Accident and incident monitoring was in place to ensure people's safety and people received medical attention where required. However, improvements were required to the oversight provided following incidents.

There had been improvements to the management of risks associated with dehydration and malnutrition. However, further improvements were required to the monitoring and documentation and to ensure professional guidance was followed.

People felt safe in the home and were protected against the risk of abuse.

The management of people's medicines had improved. They were managed safely and administered by trained and competent staff.

Safe recruitment practices had been followed. There were sufficient staff available to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's capacity to make decisions about their care had been assessed. However, improvements were required to ensure assessments were decision specific and supported by best interests' decisions.

Improvements were required to hospital transfer records to ensure they reflected people's needs and requirements.

There were significant improvements to staff training. Staff received an appropriate induction. Improvements were required to ensure staff received regular supervisions.

People were supported appropriately with their healthcare and nutritional needs. They were referred appropriately to

community healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff knew people well and good relationships had developed between people and the staff.

We received mixed feedback from two relatives regarding the caring nature of the staff. However, the majority of the feedback was positive.

People were encouraged to maintain relationships with family and friends.

Staff respected people's rights to privacy, dignity and independence. Where possible, people were able to make their own choices.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care records were not always person centred and people had not been involved in the writing and reviewing of their care plans. Improvements were required to ensure records were consistently reviewed when changes occurred.

People were supported to take part in suitable activities inside and outside the home.

People told us they knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

People's relatives were complimentary of the end of life care, however not all people had end of life care plans.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There has been significant improvements to the governance systems in the home. However, there were shortfalls to the monitoring systems in the home. Further improvements were required to demonstrate robust oversight on the care delivered. The provider had not met some of the conditions of their registration.

The manager regularly audited and reviewed many aspects of the service. However, care records had not been audited and actions plans were not followed up to show if work had been completed satisfactorily.

People who lived at the home, relatives and staff felt the management team had made required improvements.

Regular staff meetings took place and staff felt able to raise any concerns with the manager.

While improvements had been made, it was recognised by the manager and staff that there is still further work that need to be done to raise the quality of care provided and to ensure the standards are embedded in the staff practices.

Chorley Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 19 and 20 September 2018. The first day was unannounced. The inspection was carried out by one adult social care inspector, a bank inspector, a hospital inspector, a pharmacy inspector who specialised in medicines and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service, including previous inspection reports, complaints, safeguarding concerns and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted healthcare and social care professionals who were involved with the service for their comments. We also contacted Lancashire County Council contracts team for feedback about the service.

We had not requested the provider to complete the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with ten people who lived at the home and five relatives. We also spoke with eight care staff, an activities co-ordinator, the manager, the regional manager, the chef, laundry staff and the administrator. We looked in detail at the care records of six people who lived at the service. We carried out an observation of the environment and interactions between people and staff. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Requires Improvement

Is the service safe?

Our findings

At the last focused inspection in March 2018, we found that people's risks had not always been managed appropriately. Risks associated with nutrition and hydration had not been adequately managed. We also found protocols for supporting people following falls and when people had fallen repeatedly, were not robust. People's medicines were not safely managed. In addition, there was a failure to ensure that all staff had received appropriate support, training and professional development. These were breaches of Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action by adding conditions to the providers' registration. This required the provider to assess all people at risk, check staff competences update training and regularly send us updated reports of actions they were taking to monitor the risks. However, these conditions were not fully complied with. We also met with the provider's representatives to tell us what actions they were going to take to meet the requirements of regulations and address the concerns we identified.

During this inspection we reviewed requirements outlined in their action plans sent to us following the inspection of the service in March 2018. We reviewed compliance against regulations 12, 14 and 18 of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. We found adequate improvements had been made in respect of medicines management, staff training, and development and the provider was compliant with regulations 12 in relation to medicines management and staff training. Improvements had also been made in respect of the management of risks associated with nutrition and hydration. People at risk had been identified and staff monitored their fluid intake. However, further improvements were required to ensure the monitoring was robust and that the manager had oversight on the records of intake completed and nutritional care plans. People who experienced repeated falls were monitored and referred to external professionals however systems for monitoring incidents reports and sharing lessons learnt were not robust. Risks related to people were shared in records and through handover meetings. However, care records had not always been reviewed following significant events or an increase in risks. This meant the records did not always accurately reflect risks around people. Although some improvement had been made in respect of the management of risks we found there were continuing concerns that the provider had not met the required standards and was in continued breach of Regulation 12.

We looked at how risks to people's individual safety and well-being were assessed and managed. At our last inspection we found individual risk assessments were not properly recorded and regularly reviewed. People at risk of frequent falls had not been adequately supported to ensure they received medical attention in a timely manner and to see specialist professionals where appropriate. At this inspection we noted sufficient improvements had been made. Individual risks had been identified in people's care records. The risk assessments included; choking, skin integrity, nutrition and falls. We noted that the risk assessment records were generic in all records we reviewed. In most cases strategies had been drawn up to guide staff on how to monitor and respond to identified risks. Guidance had been sought from specialist professionals. Care staff were able to identify people who were at risk and some of the strategies in place to support them.

Despite the improvements noted, we discovered evidence which demonstrated that risk management practices were not robust and needed further improvements. We found that some improvements had been

made in respect of managing risks associated with dehydration, skin breakdown and falls however, there was a failure to adequately follow guidance provided by professionals to manage risks associated with weight loss or malnutrition. For example, staff had identified a person at risk of malnutrition and unintentional weight loss and had requested guidance from a dietician. Evidence we saw showed that the guidance provided had not been incorporated into the person's care plan or risk management plan. We looked at person's dietary intake records and found the diet plan provided by the dietician had not been followed. We also noted that practices for recording people's fluid intake needed further improvement. While staff had recorded people's intake, we observed records being completed retrospectively and, in some instances, intake had not been summed up to check the total intake. Records should be completed contemporaneously to ensure accuracy. This meant that measures to reduce risks of malnutrition had not been followed.

Regardless of the shortfalls in the recordkeeping, from our observations and conversations with staff we noted that improvements had been made to the way people were supported with their fluid intake. Care staff had received training and supervision on the importance of effective monitoring. Some of the staff we spoke with were able to share with us their knowledge around hydration. Comments from staff included, "We now monitor people closely and any concerns about fluid intake are passed to through handover and the flash meetings." The provider and the manager were aware that improvements still needed to be made in this area and were still working on an action plan which had been shared with the CQC and partner agencies.

In another example, we found shortfalls in the records for supporting people who required supporting with managing their pressure areas to prevent skin breakdown. We found several gaps in the records kept showing when the person had been assisted to turn in their bed. We spoke to staff who informed us they were completing two sets of records for the person however both records had not been adequately completed to show what support had been provided in relation to pressure management.
While there was no significant harm to the person or evidence of skin breakdown, we could not be assured that they had received the support they required to maintain their safety and comfort.

We looked at how people would be supported in the event of emergencies such as falls, choking or accidental injuries. There was a protocol to support staff in relation to summoning emergency medical assistance and staff were aware of the procedure and had followed it when needed. Improvements had been made to ensure that staff could utilise telemedicine's facilities in the home. Telemedicine is the use of telecommunication and information technology to provide clinical health care from a distance. It has been used to overcome distance barriers and to improve access to medical services that would often not be consistently available in distant rural communities or out of hours. Staff had recorded all accident and incidents and showed what actions they had taken. However, the records of accident and incidents we reviewed had not been overseen by the manager to check if the correct actions had been taken or whether lesson had been learned. This meant that the manager could not assure themselves that staff had taken the appropriate action to protect people following incidents.

A significant number of the risk assessments records completed for people were generic and not person centred. They had not always been updated following change in needs or an increase in risks levels. For example, one person had experienced frequent falls; the incident records stated the risk assessment and care plan had been reviewed however reviews carried at the end of the month did not reflect the changes in risks. There was a process to allow lessons to be learnt from significant incidents however this had not been implemented at the time of our inspection. We spoke to the manager regarding the shortfalls, they immediately implemented a 'reflective practice' system which allowed them to share information about incidents with staff and to learn from incidents and events in the home. They also changed their care plan

review process to ensure care plans were reviewed whenever there was a significant change to people's risks or needs.

There were shortfalls to the management of risks to the health and safety of people and measures to mitigate any such risks were not robust. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe at the home. Comments included, "I feel safe here there is always someone to talk to" and "I'm never scared, the staff are very good they help me when I ask but they are very busy it's a big place and there's a lot of us". Relatives also felt that people received safe care. Comments from relatives included, "Definitely we feel [relative] is a lot safer now." And "Yes, I think people are safe, I have not seen anything untoward."

At our last inspection we found shortfalls in relation to how people's medicines were managed. This was because the medicines audit in the home did not always identify if concerns were being rectified. The medicines records did not include records of allergies and medicines storage was not safe and secure.

During this inspection we found necessary improvements had been made. A medicines inspector looked at how medicines were managed across the home and found that the issues from the last inspection had been addressed. Changes were in progress to improve how medicines were stored and administered and although some issues were found at this inspection, staff acted to ensure medicines were managed safely. Work was in progress to update the medicine storage rooms on each floor and at the time of the inspection one treatment room was in use. The room was secure, clean and tidy. Air conditioning and new fridges had been purchased to ensure medicines were stored at the right temperature. This helped to ensure that the effectiveness of medicines was not compromised.

The manager informed us that they had also had a change in the community pharmacies serving the home so some of the systems have been changed and staff had received training in the new systems.

The home had returned to using paper medicine administration records (MAR) and there was evidence that all relevant staff had been recently trained to complete these records and administer medicines safely. Staff were in the process of updating the paper records and although there were some documents missing, we were assured that this would be resolved. We looked at the MARs for twelve people living in the home. Records were clear and there was evidence that stock checks were being completed. We checked a sample of medicines stocks and these were correct. There were no gaps in records indicating that people were receiving medicines as prescribed.

There had been one error, where a person had their pain-relieving patch administered four days late. The manager investigated the incident and acted to reduce the risk of this happening again.

We discussed areas that could be improved including the recording of thickened drinks and recording the times that people were given medicines containing paracetamol to ensure a safe time interval between doses was observed. Also, paracetamol given as a homely remedy was not recorded on the MAR in line with the homes medicines policy. The manager told us that this would be actioned.

Following the inspection, we received feedback from a visiting relative informing us that they had concerns about the way their relative's medicines were given. They informed us that they had raised the issue with the manager and were waiting a response in relation to this. The manager confirmed receipt of the concerns and informed us they were investigating the matter.

Improvements had been made to ensure that people were protected from abuse, neglect and discrimination. At our last inspection, we found arrangements for protecting people against neglect were not robust because medical attention had not been sought when people's health needs deteriorated.

At this inspection, we found staff showed greater awareness of people they supported, including those people who required close monitoring. There was a safeguarding policy which was shared with staff and information on reporting abuse was displayed prominently in the home. Staff we spoke with understood the procedures to safeguard adults at risk. Training records showed that staff had completed safeguarding training. The manager had been nominated as a safeguarding champion. They attended external safeguarding workshops and meetings and shared best practice with other staff. Safeguarding concerns had been reported to the local safeguarding authority. However, improvements were required to ensure the manager could facilitate the processes for ensuring that lessons were learned were shared with staff.

There was a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff. Conversations with staff showed they were confident to use the procedure. A disciplinary policy and procedures to deal with concerns such as unprofessional behaviour from staff was in place. We saw these procedures had been correctly followed where this had been deemed necessary.

We found that records were managed appropriately at the home. People's care records were stored in a locked cupboard, with the keys held by the person in charge. Staff members' personal information was stored securely in locked cabinets and was only accessible to authorised staff.

People and their relatives told us there were enough staff to meet their needs. On the day of the inspection we observed there were adequate numbers of staff to meet people's needs. We reviewed the staffing rotas for two weeks before the inspection, including the week of our inspection. We found that the staffing levels set by the service had been met on all occasions. Agency staff were used where appropriate to provide cover for any absences. A significant number of staff had been recruited and there had been a reduction in the use of agency staff. This would help to improve consistency and ensure people were cared for by staff who were familiar to them.

Safe staff recruitment procedures had been followed to protect people who used the service. We looked at the recruitment records for three members of staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained. These checks helped to ensure that staff employed were suitable to provide care and support to people living at the home.

People living at the home were protected from the risks associated with the spread of infections. There was an infection control policy and staff had been trained in infection prevention measures. In addition, there was a regular infection control audit as well as a hand hygiene audit. Staff had been provided with protective personal equipment such as gloves and aprons. There were domestic staff employed at the service. We observed cleaning being carried out. Daily and weekly cleaning schedules were in place. The premises looked clean however, we found several areas in the home that required further attention to reduce the risks of cross infection.

Although there were cleaning rotas which showed work had been completed we found the kitchen and the laundry areas needed to be cleaned. The cleaning audits had not been checked to verify that work had been

completed to satisfactory standards. We shared our findings with the manager and regional manager and they assured us that they will monitor these areas and that the company had extensive plans for refurbishment including new carpets, curtains and redecoration throughout.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use, including portable appliances, hoists, the call bell system and the lift. Checks on the safety of the home environment had been completed, including gas and electrical safety checks. Fire safety and legionella checks had also been completed. Hot water temperatures had been checked regularly to reduce risks of scalding. There was an up to date legionella inspection certificate. Legionella bacteria can cause legionnaires disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment.

Each person had a personal, emergency evacuation plan (PEEP). This included the number of staff they would need support from, any equipment required and the evacuation procedure. There was a grab bag with emergency supplies to use in the event of an emergency. There was a business continuity plan in place, which provided guidance for staff in the event that the service experienced a loss of amenities including gas, electricity, water, heating or telecommunications. This helped to ensure that people continued to receive support if the service experienced difficulties.

Requires Improvement

Is the service effective?

Our findings

At the last comprehensive inspection in March 2018, we found there were shortfalls in the provisions in staff training and development. We found the provider had not ensured that staff providing care to people had the qualifications, competence, skills and experience to do so safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We met with the provider and asked the provider to send us a report on how they were going to improve the service in relation to the breach. The provider sent us a report telling us what actions they were going to take to meet the requirements of regulations.

During this inspection in September 2018, we found improvements had been made to ensure all staff had received the training that the provider had deemed necessary for the role. Training records showed that a significant number of staff had updated their training. This included training related to fire safety, food and nutrition and moving and handling.

Training records were monitored regularly to check that all staff had attended training arranged for them. Training had been booked for any staff who had been identified to require training. All staff spoken with confirmed they had attended training. There was evidence to show that the manager and the provider had reviewed and improved their processes in relation to supporting staff to gain adequate skills and knowledge.

Staff we spoke with confirmed that they had received supervision. However, records we checked showed there were 14 staff who had received supervision by September. We took into consideration that there had been a number of new starters at the service. We spoke to the manager and they told us that supervision was an area that needed further improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS authorisation requests had been submitted to the local authority for people whose care involved restrictive practices such as bedrails and those who were not free to leave the home. All the staff we spoke with were aware of the importance of involving people in decision making and offering choices.

Mental capacity assessments had been completed to support people in their decisions making processes. However, we noted some improvements were required to ensure all mental capacity assessment

undertaken were decision specific and supported by best interests records where people lacked capacity to make certain decisions. We found some of the capacity assessment carried out were generic. We also found consent records had not always been completed. Staff knowledge on mental capacity also needed further improvements to ensure they could identify where people needed assessment and to make specific decisions. We spoke to the manager who informed us that they were systematically reviewing the records and undertaking new MCA assessments.

We recommend the registered provider considers best practice and guidance on seeking consent and assessing mental capacity.

We noted that the service provided a variety of information when people were transferred to hospital. People's care records contained a hospital passport. This is a record which contained details about a person's needs including any allergies, communication needs and how they need to be supported. However, the hospital passports we reviewed had not been fully completed. For example, in three records, the information on medical history and risks such as frequent falls and swallowing difficulties had been left blank. They had not been updated to reflect changes in people's needs or dependency; for example, one person had fallen several times since July 2018 and the change in their increased risk was not mentioned. This meant people could not be assured that they would receive effective care and treatment and that relevant information would be shared when they moved between different services.

We received positive comments regarding staff knowledge and skill. People felt staff had the knowledge and skills to meet their needs. Comments included, "The staff are good they look after me well", "They do their best." People we spoke with told us they could see a medical professional if they were unwell. All the visitors said they were informed straight away of any change in their relatives' conditions and of any visiting health care professionals.

At our last inspection, we found shortfalls in relation to assessments undertaken when new people were admitted into the home. At that time people's needs were not adequately assessed to ensure staff were able to meet their needs. At the time of the inspection in September 2018, the home was not admitting new people. However, we looked at improvements that had been made to the admissions process. There was an admission policy which had been reviewed since our last inspection. There was documentation to support all pre-admission assessments and templates for short stay care plans. However, none of the policies had been signed by the staff to demonstrate they were able to effectively manage the admission of a new person.

People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, speech and language therapists, podiatrists and opticians.

There were processes in place to protect people against discrimination, including in relation to people's protected characteristics such as race, religion, gender or age. Staff had received training in equality and diversity and there was a policy to protect people against discrimination and harassment. Information on how to report concerns was readily available in prominent places within the home.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. It was clear that equipment had been serviced regularly, was clean and appeared safe. Assistive technology such as sensor mats were in place to help manage and monitor people who were at risk of falls. There was an ongoing programme to improve the environment and to ensure the premises were dementia friendly. We spoke to the manager who informed us that the provider was undertaking renovation. They assured us that the provider was currently in the process of upgrading the premises and taking in to account the changes

that had been recommended by external and internal contractors.

We observed staff supported people to eat their meals. The atmosphere on all floors was calm and caring and people were able to eat their meals at their own pace with positive interactions. Meals we saw looked well-presented and portion sizes appeared appropriate, during our visit we saw people being offered snacks between meals and offered drinks. There were jugs of juice made up with the dates on. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer. Comments from people included, "The food is very good, you get a good choice and it's always nice and hot", "There is always a good portion and if you are still hungry you can have more" and, "If you don't like what's on the menu you can ask the chef to make you something different, I usually have soup and a sandwich at lunchtime as I have a big breakfast and I'm not really hungry." In addition, people could eat in their rooms if they wanted to. One person told us, "I like to stay in my room and watch television, they bring all my meals to me."

In the kitchen we saw a noticeboard with details of people who required special, soft or fortified diets. The kitchen staff told us they were kept informed of any special needs or requests.

Good

Is the service caring?

Our findings

People told us staff were kind, caring and compassionate. Comments included, "They are the best and you are treated well", "They don't rush you about, they are busy but will take their time" and, "There has been improvements, they now spend time talking to you." Relatives told us, "The staff are good, on first name terms. They joke with [relative] and [relative] shares a joke with them too." And, "This is a better place than it was when [relative] came here five years ago, even staff who have been here a short term seem to have good systems. Systems were none existent, people have been working 24/7 to pull that back. I haven't got any issues at all."

While the majority of the relatives were positive about the care provided, one relative informed us their relative's clothes had been going missing and they had noticed them wearing other people's clothes. Another visitor informed us that their relative had been left in bed on two occasions till lunch time. We spoke to the manager who informed us that they were resolving these concerns by introducing a keyworker policy. Each person in the home would be allocated a named worker. They were also dealing with the concerns and undertaking investigations.

Staff we spoke with knew people, in terms of their needs, risks and their preferences. They knew majority of people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. One staff told us, "There has been improvements lately. We are fully staffed and able to sit down with people and talk to them about their life and their interests."

We observed compassionate and respectful interactions between staff and people throughout the inspection. It was clear that staff knew the people who lived at Chorley Lodge well and had developed positive relationships with them.

People were involved in decisions about their everyday care. One person told us, "I decide what I eat, I decide what clothes I wear." We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective, and that staff were able to meet people's needs.

People were encouraged to be as independent as possible. For example, eating and walking around the home. Some people were undertaking activities independently where this was possible and safe.
People told us staff respected their right to privacy and dignity. We observed staff knocking on doors before entering bedrooms, actively listening and engaging with people using appropriate touch and explained what was going on and what they were doing in easy to understand language and at a level to ensure eye contact. We asked one of the people who lived at Chorley Lodge if staff treated them with respect and they told us, "Oh yes they really do."

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the staff induction. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss

personal information in front of other people living at the home or visitors. Care records were kept in a secure lockable cupboard. However, we noted medicines administration records had been left in the corridors. We discussed with the manager the need to ensure these were kept securely when they were not in use.

People were supported to maintain important relationships. A number of relatives and friends visited during our inspection and we saw that they were made welcome by staff. This meant that people could stay in touch with people who were important to them.

Information about local advocacy services was displayed in a number of areas around the home and was included in the service user guide. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

Requires Improvement

Is the service responsive?

Our findings

We checked to see whether people's care files were written in person centred manner and whether they reflected people's needs. All care records had been re-written since our last inspection. However, the care plans we looked at were not always written in a person-centred manner. They appeared to have been written quickly with little if any involvement of the person, their family or advocate.

In three of the records we reviewed, there was no evidence of personal history, individual preferences, interests and aspirations to ensure they were given as much choice and control as possible. For example, they lacked detail of how people who had a sensory loss were supported, in another example a person had not been asked their preferences which led to them being given food and drinks that they did not always prefer before moving into the home.

Care documentation was not always reviewed and updated when people's risks or needs changed, for example, when people had been involved in incidents such as falls. We noted that there was a system for reviewing care records at the end of each month. However, this was not robust as significant changes in people's needs or notable events had not been documented. This meant the care records did not always reflect people's needs. We spoke to the manager and the regional manager. They immediately changed the review process to ensure care records were reviewed when there were changes to people's needs and not only at the end of the month.

People told us they received care that reflected their individual needs and preferences. One person commented, "You've everything you want in this place it's first class", "I like it here I have got everything I need, and I know I only need to ask if I want anything else." Relatives commented, "They are always pleasant when I come; my [relative] has moved floors now and I have seen a big change in them. I think the staff understand them better and [relative] seems a lot more settled. I asked for them to be moved and they have done so I'm happy now. I had concerns before."

People were supported with meaningful day time activities of their choice. We found an activities co-ordinator also known in the home as a 'life style support worker' had been appointed. They were new to the role however we saw evidence that they had started to seek people's views on what they wanted to do. We spoke with the newly appointed lifestyle support worker who told us they were, "just getting to know people and what would be suitable for them...just planning day by day but in the future want to get to know people's needs first." They agreed that there were "not a lot of regular activities." They had already established that people enjoyed singing, choirs and music in general. They had set themselves a target to produce the first monthly plan by October 2018 and by the end of the year to have produced a comprehensive activities plan.

Comments from people regarding activities included, "I like knitting but I have to do it in my room as they don't like you bringing the needles in the lounge.", "I go out in the community and I have arranged for a pet dog to visit the home." Comments from relatives included, "The only aspect we would like to be enhanced is the opportunity for their [relative] to be involved in a programme of meaningful activities." During the

inspection we observed people taking part in different individual and group activities.

The provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found, people's communication needs had been assessed and documented. However, improvements were required to ensure adequate information and signage was provided for people who had sensory impairment. In addition, there was no policy to guide staff on Accessible Information Standards requirements. A policy would assist in ensuring that all staff acted consistently.

The provider had introduced the use of technology in the delivery of care. People who had been assessed as at risk of falling, had been provided with sensor mats to monitor their movements and reduce risks. People also had access to broadband and a telephone system. There was also telemedicine's facilities in the home and there had been a significant increase in the use of this facility since our last inspection. This showed staff were seeking medical advice where required.

We looked at how the service supported people at the end of their life. We saw there was an up to date policy in respect of end of life that was in line with the gold standard framework. Some of the staff had received end of life care training. We saw that when a person was identified as being in the last days of their life a new care plan had been written, medications were accessible, and family kept up to date of their condition.

We spoke with one relative who told us they had been involved in the end of life pathway being developed for their family member and praised the care they had received. They told us a specialised mattress had been ordered and was in place. They added that, "Especially where we are at with my [relative] we've got total support, everybody (all staff) has hugged me which proves the staff care."

However, the majority of the records we reviewed did not have evidence to show that people had been given the opportunity to discuss their end of life preferences. We spoke to the manager and they informed us that they had completed end of life training and will be supporting staff to ensure end of life discussions with people took place. The completion of end of life care plans would assist in ensuring that people receive support to ensure a pain free and dignified death.

We looked at how the service managed complaints. There was a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. People told us they were able to discuss any concerns during resident meetings; they told us these were resolved in a timely way. We noted there was a complaints procedure displayed in the home and included in the service user guide pack. We saw four complaints had been received since the last inspection. The complaints had been dealt with in line with regulations and measures had been put in place to address the complaints satisfactorily. However, there was no written outcomes of the complaints. The manager took immediate action to write formal outcome letters to people who had raised complaints.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of March 2018, we found the provider had failed to operate effective systems to monitor and improve the quality and safety of the service. There was a lack of robust oversight on the care that people received, and staff had not been provided with training and supervision. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we imposed conditions on the provider's registration. This required the provider to assess all people at risk, competence check all staff and send us details of the actions they were taking. Whilst some information has been received by the Commission to demonstrate that improvements have been implemented at the home, the required information has not been submitted consistently and so the conditions have not been fully met.

During this inspection, we found some improvements had been made to the governance systems. There was a new management team appointed by the administrators which was overseeing the running of the service. The provider had carried out some audits which were being overseen by the manager. The provider's regional manager visited the home regularly to check the quality of the service. While we saw evidence to show that the management team and staff had worked hard to improve the quality of the care provided, there were also ongoing shortfalls in the governance systems. This meant that the provider's quality assurance systems needed further improvements to ensure they could monitor areas where the quality standards were not being met.

At our last inspection we found the previous registered manager had not always review care records and handover records completed by staff to check if people's needs were being adequately met. This included fluid charts, pressure care charts, and incidents records. During this inspection in September 2018, we found the manager was undertaking daily walks across the home to observe care delivery. They also had daily meetings with senior staff to discuss any concerns with people. However, records we checked such as records of people's nutritional intake, audits and incidents reports were not always signed to show that they had been checked by the manager. This practice of checking would be important in identifying where people's needs were not adequately met. We found shortfalls in the records that could have been picked by the manager. For example, some records of fluid intake had not been summed up to show if people had taken adequate fluids. One person required certain aspects of care offered hourly including position changes, fluids, oral care, there were several occasions when we could see no evidence of this being completed. In addition, we found guidance from a professional had not been added to a person's care plan.

There was a governance framework in place to ensure that quality monitoring was reviewed, and regulatory requirements were managed correctly. The provider had introduced various audits to monitor the quality of the care provided. These included audits of the medicines systems, health and safety, catering audits and infection control. However, we found only one care plan had been audited since the provider had re-written the care records in May and June. In addition, shortfalls identified in this audit record had not been addressed. We found the manager had not checked to see if work completed was of the set standards in the home.

We saw action plans were drawn up to address any shortfalls. These were added to a master plan which was kept in the home. However, action plans were not shared with staff who carried out the tasks to ensure lessons were learnt. We discussed this with the manager and the regional manager. They informed us that they will be reviewing their audit processes. They also informed us they had concentrated on writing new care records than auditing them. A regular audit programme would ensure any shortfalls are identified and rectified in a timely manner.

There were shortfalls in the governance systems at the home. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we took enforcement action and imposed conditions on the provider's registration. We added requirements for the registered provider to submit details of people they identified to be at risk and what action they were taking to reduce the risks. We also required them to undertake competence checks on all staff and send the updated records every third Monday of the month. We reminded the provider of this requirements during a meeting with their representatives. However, the registered provider failed to submit all of the required records on a consistent basis to ensure compliance with their registration requirements. This meant that they were in breach of their registration conditions.

We received positive comments from people regarding the management of the service. People and their relatives told us they had noticed improvements since the new management team had been in place. Comments from people included; "There has been a lot of changes and things seem to be moving in the right direction," "There is more staff here now." Similarly, we received positive feedback from visiting relatives. Comments included, "I cannot tell you the opposite of what it was like three months ago. In the past we could have taken legal action; staff appear stronger. I think they've achieved a miracle in the last three months. We have seen more changes in the last three months than in the last four years." And, "It was bad, they had no staff, it was going downhill. The whole atmosphere in the place has improved." They continued to add in respect of the manager that they had "yes definitely made a difference."

Relatives were complimentary and felt they were involved in decision making. One of them shared an example of a suggestion they made, that at the front of each care plan there were three important things recorded personal to that individual that would enhance the care the person received. They told us they had suggested this to the previous provider and it had not been acted upon but within days of them suggesting this to the new manager it had been implemented.

There was no registered manager in post. The registered manager had left after our last inspection. A new manager had been appointed and was in the process of applying to register with CQC.

The manager had responsibility for the day to day operation of the home and was visible and active within the service. They were regularly seen around the home and were observed to interact warmly and professionally with people and staff. All staff spoken with made positive comments about the manager and the way the home was managed. The manager was described as 'approachable', 'fair' and 'effective'.

All staff we spoke with were positive about the manager and told us they enjoyed working at the home. They all told us they felt supported by the manager. Comments included, "I feel like they are a really approachable manager even though I'm quite new I still have lots of questions and I still need support and they have been brilliant.", "I can see changes and I think they are a good manager. I think they can pull this care home back to what it used to be."

We could see that the manager had worked hard to make improvements since their appointment. They

acknowledged that further improvements were required to the governance systems and the overall quality assurance processes in the home.

People were encouraged to share their views and opinions about the service by talking with management and staff and by attending regular meetings. We saw there was a noticeboard which had been introduced to display responses by the manager to people's suggestions, it was called 'You said…We did'. We could see how people's feedback was responded to. Staff told us staff meetings took place regularly and they could raise concerns and make suggestions. This was confirmed in the records we reviewed.

There had been a significant improvement to the way the service worked with other agencies such as GPs, District Nurses and other health and social care professionals. This helped to ensure that people had support from appropriate services and their needs were met. At the last inspection we noted that the provider had not identified opportunities to join in with local initiatives to share best practice. However, at this inspection, there had been a significant improvements and staff had been nominated to attend various forums and workshops with the local authority. This meant that there were efforts to seek best practice and to improve the care provided at Chorley Lodge.

The manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law. We noted that the provider was meeting the requirement to display their rating from the last inspection.

The provider and management at the home had actively engaged in dialogue with stakeholders such as the local authority and other health care professionals. They took part in a quality improvement programme led by the local authority and cooperated with the improvement plans and targets set up for them. There is an ongoing action plan to address all shortfalls. We observed that the quality of the care provided had improved and outcomes for some people who were at risk of receiving poor care had also improved. There is an acknowledgement that this is still 'work in progress' but there is a commitment to continue making changes at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that risks to receiving care and treatment were identified and managed robustly. This was because care records did not always reflect the changes to people's needs and care reviews had not been undertaken when there had been a change in risks. Regulation 12(2) (a) (b)HSCA RA Regulations 2014 safe care and treatment

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Regulation 17 (1) (2)(a)(c) HSCA RA Regulations 2014 Good governance